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CONFIRMATION NO. 1306

<b>SERIAL NUMBER</b> 10/517,837	<b>FILING OR 371(c) DATE</b> 12/15/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> 3629-0107PUS1	
<b>APPLICANTS</b> Seiji Terakura, Higashiosaka-shi ,Osaka, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP03/08441 07/02/2003 <i>UP</i> <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2002-195041 07/03/2002 <i>UP</i> <div style="text-align: right;"><b>** SMALL ENTITY **</b></div>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Signature</i> Examiner's Signature <i>Initials</i>		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 2292					
<b>TITLE</b> Remote controlled medical instrument					
<b>FILING FEE RECEIVED</b> 630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		